



N J Department of Human Services

Community Support Services – Individualized Rehabilitation Plan Modification

IRP Modification Form #3 – For Changing Funding Source

Submit to IME with Licensed Clinician's signature



Funding Change Type: <input type="checkbox"/> From Medicaid to State Funding <input type="checkbox"/> From State Funding to Medicaid	
Consumer Name: *	Consumer Medicaid ID(if applicable): *
Agency Name: *	Agency CSS Medicaid ID(if applicable):*
Current IRP Start date:	Current IRP End date:
Effective date of change:	
Has a new Enrollment Form been submitted? <input type="checkbox"/> YES - If yes, when:	<input type="checkbox"/> NO - If no, please submit the updated Admission/Enrollment form together with the updated fax coversheet to indicate this funding source change

	BAND # + HCPCs Code	Total Units approved on current IRP	Remaining Approved Units from current IRP
1. Physician, Psychiatrist <i>(Maximum daily units: 8)</i>	#1 = H2000 HE		
2. Advanced Practice Nurse <i>(Maximum daily units: 12)</i>	#2 = H2000 HE SA		
3. RN, Psychologist, Licensed Practitioner of the Healing Arts, including: Clinical Social Worker, Licensed Rehabilitation Counselor, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Master's Level Community Support Staff	#3 = H2015		
4. Bachelor's Level Community Support Staff, LPN (<i>Individual</i>)	#4 = H0039		
4. Bachelor's Level Community Support Staff, LPN (<i>Group</i>)	#4 = H0039		
5. Associate's Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff (<i>Individual</i>)	#5 = H0036		
5. Associate's Level Community Support Staff, High School Level Community Support Staff, Peer Level Community Support Staff (<i>Group</i>)	#5 = H0036		
Total # of units			

Licensed Clinical Staff Name/Credentials

Signature

Date

Please submit this form to IME CSS via fax (732) 235-5569

(9/2017)